The City of White Plains

DEPARTMENT OF PUBLIC SAFETY

Cabaret License Application / Renewal

PLEASE TYPE OR PRINT CLEARLY

LICENSE NUMBER:_____

NAME OF CABARET

APPLICANT INFORMATION

Name (First & Last): _____ Date of Birth: _____

Home Address: _____
Number & Street (No P.O. Boxes)

_____
City, State Zip

Driver's License State & Number _____

Home Phone: _____ Work Phone: _____ Cell: _____

PLEASE CHECK THE APPROPRIATE BOX

☐ Individual / ☐ Partnership / ☐ Corporation

IF A PARTNERSHIP, STATE THE NAMES, D.O.B. (date of birth), ADDRESSES AND CONTACT NUMBERS FOR EACH PERSON HAVING AN INTEREST IN THE BUSINESS.

IF A CORPORATION, STATE THE POSITIONS, NAMES, D.O.B. (date of birth), ADDRESSES AND CONTACT NUMBERS FOR EACH OF ITS OFFICERS.

IF INDIVIDUAL OR PARTNERSHIP, STATE WHETHER ALL PERSONS SHARING THE PROFIT OF THE BUSINESS ARE CITIZENS OF THE UNITED STATES.

☐ Yes / ☐ No

IF NO, STATE THE NAMES, FOR ANY SUCH PERSONS WHO ARE NOT CITIZENS OF THE UNITED STATES.

- CONTINUED –

IF A CORPORATION, STATE WHETHER ALL STOCKHOLDERS ARE CITIZENS OF THE UNITED STATES.

☐ Yes / ☐ No

IF NO, STATE THE NAMES, FOR ANY SUCH PERSONS WHO ARE NOT CITIZENS OF THE UNITED STATES.

IF A CORPORATION GIVE THE NAME OF EACH STOCKHOLDER, TOGETHER WITH THE NUMBER OF SHARES OF CAPITAL STOCK HELD BY EACH.

HOW LONG HAS APPLICANT (IF CORPORATION, ITS OFFICERS) RESIDED IN THE CITY OF WHITE PLAINS? PLEASE INDICATE NAME AND LENGTH OF TIME FOR EACH.

PROPOSED LOCATION OF CABARET.

KNOWN AS:

NATURE OF ENTERTAINMENT OR EXHIBITION TO BE PRODUCED.

_____ On The _____ Floors.

HAS THE APPLICANT OR ANYONE OWNING INTEREST IN THE PROPOSED CABARET BEEN CONVICTED, WITHIN ONE YEAR PRECEDING THE DATE OF THIS APPLICATION, OF VIOLATING ANY ORDINANCE OR LAW RELATIVE TO THE SALE OF INTOXICATING LIQUORS?

☐ Yes / ☐ No **NAME:** _____

HAVE ANY OF THE SAID PERSONS EVER BEEN CONVICTED OF VIOLATING ANY ORDINANCE OR LAW RELATING TO PUBLIC MORALITY AND DECENCY?

☐ Yes / ☐ No **NAME:** _____

- CONTINUED -

DOSE THE PREMISES COMPLY WITH THE REQUIREMENTS OF THE ORDINANCE OF THE CITY OF WHITE PLAINS RELATING TO AND REGULATING CABARETS, PROVIDING FOR THE LICENSING THEREOF, REGULATING THE CONDUCT OF PERSONS THEREIN, DEFINING OFFENSES AND PROVIDING PENALTIES FOR THE VIOLATION THEREOF?

☐ Yes / ☐ No

SIGNED: _____

PRINT: _____

DATED: _____

STATE OF NEW YORK)
COUNTY OF WESTCHESTER) SS.

_____ **BEING DULY SWORN DEPOSE AND SAYS:**

I AM THE ABOVE NAMED APPLICANT AND MAKE THIS AFFIDAVIT FOR THE PURPOSE OF OBTAINING FROM THE CITY OF WHITE PLAINS A LICENSE TO OPERATE A CABARET AS PROVIDED IN AN ORDINANCE RELATING TO AND REGULATING CABARETS, PROVIDING FOR THE LICENSING THEREOF, REGULATING THE CONDUCT OF PERSONS THEREIN, DEFINING OFFENSES AND PROVIDING PENALTIES FOR THE VIOLATIONS THEREOF. I HAVE PERSONAL KNOWLEDGE OF THE MATTERS STATED IN THE FOREGOING APPLICATION AND THE STATEMENTS THEREIN CONTAINED ARE TRUE.

_____
SIGNATURE OF APPLICANT

_____
PRINT NAME CLEARLY

SWORN TO BEFORE ME THIS

_____DAY OF_____20_____

_____
NOTARY PUBLIC, WESTCHESTER COUNTY

INSPECTED AND APPROVED: **SIGNED:** _____

DATED: _____

THE CITY OF WHITE PLAINS
CABARET LICENSE RENEWAL / APPLICATION PROCESS

IN ORDER TO OBTAIN THE APPROVALS NEEDED FOR YOUR CABARET LICENSE YOU MUST

CONTACT:
THE WHITE PLAINS DEPARTMENT OF PUBLIC SAFETY RECORDS DIV. – 77 SOUTH LEXINGTON AVE WP, NY.
TEL: (914) 422-6105 - FAX: (914) 422-6122

OBTAIN & COMPLETE THE WHITE PLAINS DEPARTMENT OF PUBLIC SAFETY'S CABARET / RENEWAL APPLICATION & PAY **FEE ($2500.00)**. YOU MUST **OBTAIN & PROVIDE COPIES** OF YOUR CERTIFICATE OF OCCUPANCY (NEW CONSTRUCTION) OR BUILDING CERTIFICATE OF COMPLIANCE (RENEWALS) FROM THE BUILDING DEPARTMENT AND PROOF OF YOUR CURRENT WORKER'S COMPENSATION & DISABILITY INSURANCE. IF ALCOHOL WILL BE SOLD/SERVED A COPY OF YOUR VALID LIQUOR LICENSE.

THE POLICE BUREAU WILL CONDUCT A BACKGROUND INVESTIGATION AND NOTIFY THE HEALTH DEPARTMENT AND FIRE BUREAU TO CONDUCT THEIR INSPECTIONS.

YOU MUST ALSO CONTACT THE BUILDING DEPARTMENT – SEE BELOW INFORMATION

CONTACT:
THE WHITE PLAINS BUILDING DEPARTMENT – 70 CHURCH ST. WP, NY.
TEL: (914) 422-1269 - FAX: (914) 422-1471

OBTAIN & COMPLETE THE BUILDING DEPARTMENT'S APPLICATION PAPERWORK
CABARETS NEED TO GET BUILDING CERTIFICATE OF COMPLIANCE (FOR CABARET RENEWALS) FROM THE BUILDING DEPARTMENT & PAY THEIR FEES (SEE BELOW; FEES ARE SUBJECT TO CHANGE)

NEW APPLICATION:
BUILDING DEPARTMENT FEE: $500.00
SPECIAL PERMIT / ZONING DEPARTMENT FEE: $500.00
RENEWALS:
SPECIAL PERMIT / ZONING DEPARTMENT FEE: $500.00
ANNUAL BUILDING CERTIFICATE OF COMPLIANCE FEE: $100.00

THE BUILDING DEPARTMENT WILL NOTIFY THE WHITE PLAINS CITY CLERKS OFFICE OF YOUR INTENTION TO OPERATE A CABARET.
THE CITY CLERKS OFFICE WILL NOTIFY YOU WHEN A PUBLIC HEARING WILL BE ANNOUNCED.
YOU WILL THEN BE SCHEDULED ON THE COMMON COUNCIL'S AGENDA FOR A RESOLUTION TO BE PASSED GRANTING (OR NOT) A SPECIAL PERMIT.

THE SPECIAL PERMIT IS PART OF THE PROCESS; IT IS NOT YOUR CABARET LICENSE.

*****ALL CHECKS SHOULD BE MADE PAYABLE TO THE CITY OF WHITE PLAINS*****

ONCE ALL THE ABOVE CONDITIONS ARE MET AND APPROVED BY THE POLICE BUREAU, THE FIRE BUREAU, THE BUILDING DEPARTMENT, THE HEALTH DEPARTMENT AND YOUR SPECIAL PERMIT HAS BEEN GRANTED BY THE COMMON COUNCIL, YOUR CABARET LICENSE WILL BE ISSUED BY THE WHITE PLAINS DEPARTMENT OF PUBLIC SAFETY.